

Nurses for Newborns

7259 Lansdowne Ave. Suite 100 St. Louis, MO 63119

May

Check Requisition

This form is to be used to request a check when no vendor invoice is available. Other types of pertinent documentation must accompany this form. Recipts or invoices recieved after the fact should be forwarded to Finance.

Total Amount Requested: 281. 62 Date Needed:/
Purpose (seminar, etc. & attendees): HTM OHM
Vendor Information
Name: Payment Processing Center (AUY)
Name: Payment Processing Center (AUY) Address: P.O. Box 9001951
City: Louis ville State: KY Zip: 40290-1951
Phone:
Contact:
Please attach a complete W-9 for initial (new) payments to landlords or vendors providing services.
D 1 D
Requested By: Date Requested: 27 24/17
Approved By:
Approval Date:/
(FOR OFFICE USE ONLY) G/L Account:

Office of Administration

Commissioner's Office

"Request for Preauthorization for Other Services"

-	rnatives to Abortion urses for Newborns :: N/A					
item to be pur	elow the information for each inchased, cost for the item, and the state of the sta	ne justification. Ite	purchased. List the date of purchase, ems must be approved before Enrolled:			
Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted			
3/5/17	CARPAGONET	281.62	of her borton, Content or hoston Cout and is enjoy nous or mortons.			
AMOUNT TO BE REIMBURSED 281. 62 Please return to Alternatives to Abortion Program Monoger, Stote of Missouri - Office of Administration, Commissioner's Office, State Capital Building, Room, 125, Jefferson City, MO 65101. Moy be foxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Controctor only! Thank you.						
Authorized pe	rson requesting purchase:	My	<u>~</u>			
Approved for purchase:						
Purchase denied:		Date				
Reason for der	nying purchase:					

■ Ally Financial Inc.





Questions?

Visit ally.com/auto or call 888-925-ALLY (2559)

Statement reflects payment(s) received through: 05/11/17

Account 5	Summary
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Next Payment	Pasi Due Payme	mis Other Unpaid Amounts	
Due Date.	05/19/17	Late Charge	\$9.54
Monthly Amount:	\$281.62	Miscellaneous:	\$0.00
		Extension Fee:	\$0.00

\$9.54 \$281.62 Total: \$0.00 Total:

STATEMENT TOTAL: \$291.16

Lais Charge Other Charge Total Paid 64/29/17 261.26 6.66 5.00 261.26

YOUR AUTO ACCOUNT IS A RETAIL INSTALLMENT SALE CONTRACT UNDER WHICH FINANCE CHARGES ARE ASSESSED DAILY ON THE OUTSTANDING BALANCE OF AMOUNT FINANCED. THE TIMING OF YOUR PAYMENT WILL AFFECT THE AMOUNT OF FINANCE CHARGES YOU PAY OVER THE LIFE OF YOUR AUTO ACCOUNT FOR MORE INFORMATION ON HOW THE TIMING OF YOUR PAYMENT AFFECTS YOUR CONTRACT, PLEASE CALL US AT 1-868-925-ALLY (2559).

business. As a loyal customer, we want to continue to be your professed dealership by providing the best possible purchase and service experience. We have thousands of dollars in inventory available on the most popular models.

Saving for a big purchase? No need to switch banks. Just open an Afry Bank Online Savings Account - you'll earn interest rates that are among the most competitive in the country. Plus, there's no minimum balance to open and no monthly mantenance fees. To learn more, visit allybank.com. Ally Benk, Menterer FOIC.

Don't Want to Mail Your Payment? We have Options:

- Automatic Payments Africk your payment in the commiently han sterred from your checking or savings account to Affy, at op sont to you. Proper visit **ally constauts**
- Online Payments and Billing Statements Regarder for Alty Online Services of alty contrastin, and your account, then schedule one fame payments of your ontermode or go given with a statements, at no cost to you
- \$ Paymonts by phone or payments online by debit cards. To here available ophons call 888 925 2509. Afterd party service provided lee may apply

Contact Information: You can reach us by visiting ally.com/auto or call us at 888-925-ALLY(2559)

Do not send each or post-dated checks. All checks will be processed upon recept. Make checks payable to ALLY Return the portion before with your payment to the Payment Processing Center address below.

0000-0000

BLOOMINGTON MN 55438-0902

DUE DATE: ACCOUNT NUMBER: STATEMENT TOTAL: TOTAL AMOUNT PAID:

PAYMENT PROCESSING CENTER PO BOX 9001951 LOUISVILLE KY 40290-1951

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